

COPY

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

2005 SEP -2 A 11: 51

FILED IN CLERKS OFFICE
US COURT OF APPEALS
FOR THE FIRST CIRCUIT

District Court No. ~~05-1065~~ 03-10377
Appeal No. 05-1065

v.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: E. S. Fine**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 8/10/05

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>None</u>	<u>None</u>	\$ <u>0</u>	\$ <u>0</u>
<u>None</u>	<u>None</u>	\$ <u>0</u>	\$ <u>0</u>
<u>None</u>	<u>None</u>	\$ <u>0</u>	\$ <u>0</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
<u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>	Make & year: <u>G</u>	
<u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>	Model: <u>0</u>	
<u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>	Registration#: <u>G</u>	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: <u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>
Model: <u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>
Registration#: <u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>	<u>None</u>	<u>0</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>None</u>	<u>0</u>	<u>0</u>
<u>None</u>	<u>0</u>	<u>0</u>
<u>None</u>	<u>0</u>	<u>0</u>

7. State the persons who rely on you or your spouse for support:

Name	Relationship	Age
<u>None</u>	<u>None</u>	<u>0</u>
<u>None</u>	<u>None</u>	<u>0</u>
<u>None</u>	<u>None</u>	<u>0</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>None</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify): <u>None</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): <u>None</u>	\$ <u>0</u>	\$ <u>0</u>
Department store (name): <u>None</u>	\$ <u>0</u>	\$ <u>0</u>
Other: <u>None</u>	\$ <u>0</u>	\$ <u>0</u>

Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☒ Yes ☐ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

Bruce P. Wilson 240 Commercial Street Suite 5A
Dorset Massachusetts 02109 # 1617-248-8879

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

USP CANAAN, US Penitentiary PO Box 400

Waymart, PA, 01842

Your daytime phone number: () NONE

Your age: 24 Your years of schooling: "9"

Inmate Reg #: 25051038
 Inmate Name: LIND, ERIC
 Report Date: 08/12/2005
 Report Time: 11:19:27 AM

Current Institution: Canaan USP
 Housing Unit: B2 UNIT
 Living Quarters: B04-224J

<u>Date/Time</u>	<u>User Id</u>	<u>Transaction Type</u>	<u>Amount</u>	<u>Ref#</u>	<u>Payment#</u>	<u>Balance</u>
8/10/2005 1:52:04 PM	CAA7204	Sales	(\$4.20)	24		\$71.06
8/10/2005 1:47:50 PM	CAA7204	Sales	(\$128.45)	23		\$75.26
8/9/2005 5:41:38 AM	AMSERVICE	Lockbox - CD	\$100.00	70138601		\$203.71
8/4/2005 7:50:51 PM	AMService	ITS Withdrawal	(\$50.00)	ITS0804		\$103.71
8/3/2005 1:09:59 PM	CAA5660	Sales	(\$50.80)	13		\$153.71
7/27/2005 2:11:42 PM	CAA7204	Sales	(\$275.49)	21		\$204.51
7/25/2005 6:40:21 PM	AMService	ITS Withdrawal	(\$20.00)	ITS0725		\$480.00
7/23/2005 4:15:56 AM	SENTRY	Transfer - In from TRUFACS	\$500.00	TX072305		\$500.00
7/22/2005 10:16:20 AM	CAA8465	Sales	\$0.00	6		\$0.00
7/15/2005 3:37:14 AM	SENTRY	Transfer - Out to TRUFACS	\$0.00	TX071505		\$0.00

UNITED STATES COURT OF APPEALS
FOR THE FIRST CIRCUIT

COPY

2005 SEP -2 A 11: 51

UNITED STATES

Appellee

FILED IN CLERKS OFFICE
US COURT OF APPEALS
FOR THE FIRST CIRCUIT

v.

ERIC LINO

Defendant-Appellant

No. 05-1665

MOTION FOR LEAVE TO APPEAL IN FORMA PAUPERIS

Now comes the Defendant/Appellant, Eric Lino and requests that he be allowed to proceed on his Appeal in Forma Pauperis and that Counsel be appointed.

In support thereof, the Court is directed to the accompanying affidavit.

Respectfully submitted,
FOR THE DEFENDANT,



Barry P. Wilson, Esq.
LAW OFFICES OF BARRY P. WILSON
240 Commercial Street
Suite 5A
Boston, MA. 02109
617 248 8979
617 523 8700 (fax)
BBO#: 529680

Dated

9/1/05

de ma
03-10377

UNITED STATES COURT OF APPEALS
FOR THE FIRST CIRCUIT

UNITED STATES

Appellee

v.

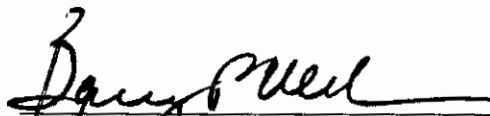
ERIC LINO

Defendant-Appellant

No. 05-1665

CERTIFICATE OF SERVICE

I hereby certify that on the 1st day of September 2005, I mailed a copy, first class mail, of the Defendant's Motion for leave to Appeal In Forma Pauperis and Accompanying Affidavit to David Tobin, A. U.S.A., United States District Court, 1 Courthouse Way, Suite 9200, Boston, MA. 02210.


Barry P. Wilson, Esq.

Dated

9/1/05

BARRY P. WILSON

CM

BARRY P. WILSON
KAZI TOURÉ
PARALEGAL

MAILING ADDRESS:
240 COMMERCIAL STREET
SUITE 5A
BOSTON, MASSACHUSETTS 02109
617 248-8979
FAX 617 523-8700

Clerk's Office
United States Court of Appeals
John Joseph Moakley Courthouse
One Courthouse way
Boston, MA. 02210

1 September 2005

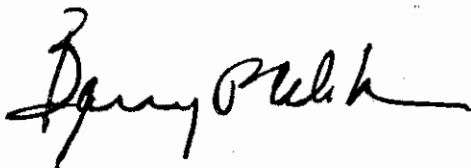
RE: United States v. Eric Lino
No: 05-1665

Dear People:

Enclosed please find a copy of Defendant's Motion for Leave To Appeal In
Forma Pauperis, Accompanying Affidavit, and Certificate of Service.

Please file, docket, and bring to the attention of the Court.

Very truly yours,



Barry P. Wilson, Esq.

BPW/kt